

## Court Alcohol and Drug Program Scholarship

### EXPENSE DOCUMENT FORM

To receive reimbursement for Court Alcohol and Drug Program Scholarship dollars, please send the Judicial Center the original receipts and other expense documentation as listed below. Complete this form in ink and enclose original receipts for expenses along with completed Vendor Information Form. Program Director signature is required. The Scholarship will pay 80% of the total expenses indicated below up to a total of \$1,000 whichever is less.

Tuition Expense	Attach copy of program brochure listing tuition and other fees. (Not required if sent with original scholarship application.)	Amount: _____
Air Travel Expenses	Attach receipt for airline passenger ticket.	Amount: _____
In-state Auto Travel Expenses	Judicial Center pays County Seat to County Seat	Amount: _____ (IJC enters amount)
Out-of-State Auto Travel Expenses	Odometer on return _____ Odometer on depart _____	Amount: _____ (IJC enters amount)
Lodging Expense	Attach receipt for room charge	Amount: _____
Scholarship number: _____		TOTAL Amount: _____

Please provide full name of the Certified Court Alcohol and Drug Program receiving the scholarship:

Name of A&D Program \_\_\_\_\_

I have examined the preceding information and attached documents and certify that the reported expenses were actually incurred to attend the program approved by the Indiana Judicial Center for a Court Alcohol and Drug Program Scholarship.

Copy of Vendor Information Form, Required for payment  
(form is available on the IJC website  
:<http://www.in.gov/judiciary/cadp/programs.html> under  
scholarships)

\_\_\_\_\_  
Program Director signature

\_\_\_\_\_  
Date

Payment amount approval by IJC

Date \_\_\_\_\_

\_\_\_\_\_  
IJC signature